

STATE OF HAWAII  
Department of Land and Natural Resources  
HUNTER EDUCATION PROGRAM



**Request for Replacement**

I would like to request a replacement(s) of the following item(s) at the following cost:

_____ Wallet Card/Certificate	\$5.00	_____ Advanced HE Card	-\$5.00
_____ Exemption Form	\$5.00	_____ Advanced HE Patch	-\$3.00
_____ Student Patch	\$3.00	_____ Graduate Window decal	-\$1.00
_____ Student Manual	\$8.00	_____ Other: _____	\$

**TYPE OR PRINT ONLY**

Name: \_\_\_\_\_

**Mailing** Address: \_\_\_\_\_ Previous Address: \_\_\_\_\_

City/State: \_\_\_\_\_ City/State: \_\_\_\_\_

Zip Code: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Day Phone Number: (\_\_\_\_) \_\_\_\_\_

Location of Class: \_\_\_\_\_ Class Date: \_\_\_\_\_ Original Card No.: \_\_\_\_\_

REASON FOR REQUEST: \_\_\_\_\_

Amount Remitted: \$ \_\_\_\_\_

*Signature of Student*

Date

**DO NOT SEND CASH-** Make check payable to: **State of Hawai'i -Department of Land & Natural Resources**

**\*\* PLEASE MAKE A PHOTO COPY OF A VALID PICTURE ID\*\***

Send check and this form to:

Hunter Education Program  
Department of Land & Natural Resources  
1130 North Nimitz Highway, Suite A-212  
Honolulu, HI 96817-4580

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**OFFICE USE ONLY:**

Card No: \_\_\_\_\_

Exemption No: \_\_\_\_\_ Date Issued: \_\_\_\_\_

Payment Received: ☐Cash/☐Check No. \_\_\_\_\_ Amount \$ \_\_\_\_\_ Processor's Initials \_\_\_\_\_

APPROVED ☐ / DISAPPROVED ☐:

COMMENTS:

\_\_\_\_\_  
Hunter Education Coordinator

\_\_\_\_\_  
Date